



**BAP Kustoms LLC – Fleet Maintenance & Repair Quote Request Form**

**Business Name:** BAP Kustoms LLC

**Address:** 4429 W State Hwy 31, Corsicana, TX 75110

**Phone:** 430-236-6052

**Email:** info@bapkustoms.com

**Website:** [www.bapkustoms.com](http://www.bapkustoms.com)

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**1. Agency / Company Information**

**Agency / Company Name:** \_\_\_\_\_

**Department / Division (if applicable):** \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_

**Title / Role:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Billing Address:**

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**2. Fleet Details**

**Number of Vehicles Requiring Service:** \_\_\_\_\_

**Vehicle Types (check all that apply):**

- Passenger Vehicles
- Light Trucks
- SUVs
- Vans
- Light Diesel Vehicles
- Trailers

Generators / Power Equipment

Other: \_\_\_\_\_

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**3. Requested Services (check all that apply)**

General Automotive Repair

Light Diesel Repair

Trailer Repair & Maintenance

Preventive Fleet Maintenance

Engine Replacement / Swap

Brake Service (Pads / Full Brake Job)

Small Engine Repair

Electrical / Diagnostics

Inspections & Reporting

Other: \_\_\_\_\_

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**4. Service Timeframe**

**Requested Service Date:** \_\_\_\_\_

**Is this an urgent or mission-critical request?**

Yes     No

**Preferred Turnaround Time:**

Standard     Expedited / After-Hours     No Preference

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**5. Additional Information**

Please provide any details that may help us prepare an accurate quote:

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**6. Authorization**

**Authorized Representative Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Submit this completed form to:** [info@bapcustoms.com](mailto:info@bapcustoms.com)

**Subject Line:** Fleet Quote Request – [Your Agency/Company Name]